

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Foo K. Pu Smart Glove Corporation Sdn. Bhd. Lot No. 6487 Mukin Kapar Batu 5%, Jalan Kapar Klang Selangor Darul Eshan, Malaysia

MAR 1 3 1998

Re: K974907

Trade Name: SMARTFEEL Pre Powdered Nitrile Examination

Gloves (Blue, Green and Natural Colors)

Regulatory Class: I Product Code: LZA

Dated: February 25, 1998 Received: February 27, 1998

Dear Mr. Foo K. Pu:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note:

this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4618. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely

Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

## SARARY GLOVE CORPORATION SDN. BHD.

Company No. 403570 - D

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Indications for Use Statement.

## INDICATIONS FOR USE

Applicant:	SMART GLOVE CORPORATION SDN BHD.
510(k) Number	
Device Name:	SMARTFEEL Pre Powdered Nitrile Examination Gloves (Green, Blue, natura oslors)
Indication For	
This glove is dis hand to prevent	sposable and intended for medical purpose that is worn on the examiner's contamination between patient and examiner.
PLEASE DO NOT WRITE BI	ELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED
	ice Of Device Evaluation (ODE)
(Division S Division of and Gener 510(k) Nun	Dental, infection Control,
Prescription Use Per 21 CFR 801.109	OR Over-The-Counter: X (Optional Format 1-2-96)